M22000017010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

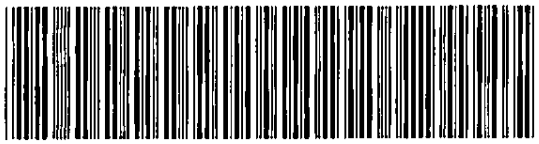
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300407424283

S. ROBERTS

JUN 13 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MB2 Restoration LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monica E. Marcotte, Paralegal
Name of Person

Cleveland, Waters and Bass, P.A.
Firm/Company

Two Capital Plaza, 5th Floor
Address

Concord, NH 03301
City/State and Zip Code

marcottem@cwbpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica E. Marcotte at (603) 224-7761
Name of Person — Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ■ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: MB2 Restoration LLC

Enter new principal office address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

_____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

_____

2. The Florida document number of this limited liability company is: M22000017010

3. Jurisdiction of its organization: New Hampshire

4. Date authorized to do business in Florida: November 8, 2023

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: MB2 Restore, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

_____

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, **Florida** _____
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

_____

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

_____
Signature of the authorized representative

Michael P. Brown, Manager

_____
Typed or printed name of signee

Filing Fee: $25.00

State of New Hampshire

Department of State

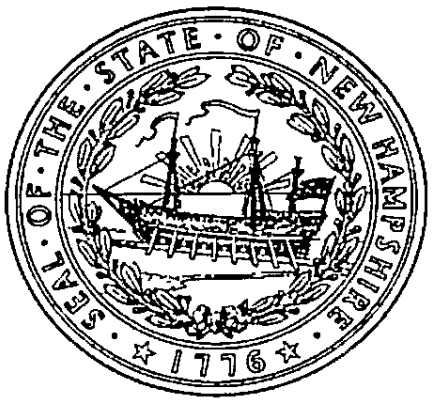
OFFICE OF SECRETARY OF STATE

CERTIFIED COPY

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that the attached is a true copy of AMENDMENT(04/25/2023) as a New Hampshire Limited Liability Company of MB2 RESTORE, LLC previously MB2 RESTORATION LLC as filed in this office and held in the custody of the Secretary of State. Documents may be subject to redactions according to New Hampshire RSA 91A.

Business ID: **915592**

Certificate Number: **6215952**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed

the Seal of the State of New Hampshire,

this 25th day of April A.D. 2023.

David M. Scanlan

Secretary of State

Print Reset

State of New Hampshire

Filed
Date Filed : 04/25/2023 10:30:00 AM
Effective Date : 04/25/2023 10:30:00 AM
Filing # : 6215673 Pages 1
Business ID 915592
David M. Scanlan
Secretary of State
State of New Hampshire

Filing fee: $35.00
Use black print or type.

LIMITED LIABILITY COMPANY CERTIFICATE OF AMENDMENT TO THE CERTIFICATE OF FORMATION

PURSUANT TO THE PROVISIONS of Chapter 304-C, Section 34 of the New Hampshire Revised Statutes Annotated, the undersigned submits the following Certificate of Amendment:

FIRST: The name of the limited liability company is

MB2 Restoration LLC

SECOND: The text of each amendment is:

The Certificate of Formation shall be amended by deleting Article FIRST in its entirety and substituting the following:

FIRST: The name of the limited liability company is:

MB2 Restore, LLC

[If more space is needed, attach additional sheet(s).]

*Signature:

Print or type name: Michael P. Brown

*Title: Manager
(Enter "manager" or "member")

Date signed: 4-5-23

* Signature and title of person signing for the limited liability company. MUST BE SIGNED BY A MANAGER OF THE LIMITED LIABILITY COMPANY. IF NO MANAGER, IT MUST BE SIGNED BY A MEMBER. (If the limited liability company is in the hands of a receiver, executor, or other court appointed fiduciary, trustee, or other fiduciary, it must be signed by that fiduciary.)

DISCLAIMER: All documents filed with the Corporation Division become public records and will be available for public inspection in either tangible or electronic form.